SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Det								
Public Employer:	Carneys Point Tow	eys Point Township				County: Salem		
Employee Organization	Teamsters Local U	nion No. 676 Poli	ce Dispatchers		Employees in Unit: 6		_	
Base Year Contract Term:			New Contract Term	7/1/2011	12/31/2012			
Type of Settlement:	☐ Mediated Settler	nent 🔲 I	Fact-Finder Recommendation	✓ Vo.	oluntary Settlement	Super Conciliation	on	
			Column A		Column B			
			Base Year - Total Costs (Last Year of Previous agreeme		New Base Year - To (First Year of Successor	v agraameni)		
Section II: Economic								
flem 1 Sa	lary	_		-	\$174,323			
llem 2 Inc	crement	_		<u> </u>				
flem 3 Lo.	ngevity	_		I -				
llem 4								
llem 5		_		<u> </u> -	,			
tlem 6		_		I -				
llem 7		_		-				
Item 8	·····	- ·		l -				
Item 9		_		-				
Item 10		-		-				
Item 11		-		— I -				
llem 12	· · · · · · · · · · · · · · · · · · ·	_		<u> -</u>				
Any additional items list on separate s	heel	Additional items		 -				
Section III: Totals - sum or co	ufe la each enforce				\$174,323			
Section in Lobara administra	to at each dollars							
			(Total)		(Total)			
	, <u>, , , , , , , , , , , , , , , , , , </u>							
Section IV: Analysis of new succe	asor agreement		NEW AGREEMENT ANAL	<u>.YSIS</u>				
Total Sase Year(previous agreement)								
Effective Date (m/d/vvv)		7/1/2011	1/1/2012					
Percent increase		0%	0%			,		
Total cost of increase								
Total base salary (successor agreeme	n)	\$174,323	\$174,323					
Section V: Impact of Settler	nent - average annual inc	rease over term of a	greement		•			
Percentage Impact (average per year	over lenn of agreement)	0.00						
Doğar kripact (average per year over t	enn of agreement	\$0.00	-					
						4		
Section VI								
Health insurance (Indicate costs asso-	dated on each fine)							
Cost of Health Plan		Вато Уем \$93,116	Year f \$93,116					
Employee Contributions		\$5,546	\$5,546	 -			-	
Prescripton		ψυμοτο	00,010					
Oenial								
Vision								
								
The undersigned certifies (haf the foregoing figure	s are true and is awa	are that if any of the foregoing iten	ns are false, s/l	ne is subject to punism	ient.		
Section VII								
Prepared by:	Linda Jone			Title: T	reasurer			
	A.	Print Name						
	Uxn	da fr	nes	Date: 6	6/17/2015			
		Signature						